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**REVOCATION OF POWER OF
ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10758,870
Filing Date	January 16, 2004
First Named Inventor	Gautier, Kenneth Bryan
Art Unit	3784
Examiner Name	Mathew, Fern C.
Attorney Docket Number	G003-0224

I hereby revoke all previous powers of attorney given in the above-identified application.

☒ A Power of Attorney is submitted herewith.

OR

☐ I hereby appoint the practitioners associated with the Customer Number:

☐ Please change the correspondence address for the above-identified application to:

☐ The address associated with
Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Steven R. Scott, Esq.			
Address	183 East Main Street, Suite 1323			
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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature	<i>Kenneth Bryan Gautier</i>		
Name	Kenneth Bryan Gautier		
Date	7/21/07	Telephone	662-934-1165

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of _____ forms are submitted.

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INDICATION FORM**

Application Number	10/758,870
Filing Date	January 18, 2004
First Named Inventor	Gautier, Kenneth Bryan
Title	Multi-Axis Resistance Exercise Dev.
Art Unit	3764
Examiner Name	Mathaw, Fern C.
Attorney Docket Number	G03-0224

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☐ Practitioners associated with the Customer Number:

OR

☒ Practitioner(s) named below:

Name	Registration Number
Steven R. Scott	32,000

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

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☐ The address associated with Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Steven R. Scott, Esq.		
Address	183 East Main Street, Suite 1323		
City	Rochester	State	NY Zip 14604
Country	U.S.A.		
Telephone	585-325-4618	Email	srscoff@shlesfittz.com

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/98)

SIGNATURE of Applicant or Assignee of Record

Signature	<i>Kenneth Bryan Gautier</i>	Date	7/21/07
Name	Kenneth Bryan Gautier	Telephone	682-834-1165
Title and Company	Inventor		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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